



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

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Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$96992719
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$96992719

2. Deductions From Revenue

Contractual Allowance	\$63388730
Other Deductions	\$0
Total Deductions	\$63388730

3. Total Operating Revenue

Net Patient Service Revenue	\$33603988
Other Operating Revenue	\$93386
Total Operating Revenue	\$33697374

4. Operating Expenses

Salaries and Wages	\$14056769	Employee Benefits	\$4027483
Depreciation and Amortization	\$1051377	Interest Expense	\$14732
Bad Debt	\$-196083	Other Expenses	\$15441014
Total Operating Expenses	\$34395292		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-821425	Total Assets	\$18239253
Net Non-operating Gains over Loss	\$-259	Total Liabilities	\$5685896

Total Net Gains	\$-821684
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$75246863	\$54918781	\$20328082
Medicaid	\$543075	\$1553343	\$-1010268
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21202781	\$6916606	\$14286175
Total	\$96992719	\$63388730	\$33603989

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$13121	\$-13121
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$8037	\$-8037

Number of Medical Professionals Trained	53
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	850

Statement Six: Charity Statement

Hospital Charity Charges	\$239025
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$84957	
HCI Payments	\$0		
Subtotal	\$0	\$84957	\$-84957
Medicaid Shortfalls	\$55921	\$193026	
Subtotal	\$55921	\$277983	\$-222062
DSH Payments	\$0		
Subtotal	\$55921	\$277983	\$-222062
Medicare Shortfalls	\$20666597	\$26745121	
Other Government Programs	\$0	\$0	
Total	\$20722518	\$27023104	\$-6300586

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5582	\$-5582
Community Assessment	\$0	\$18150	\$-18150
Provision of Taxes	\$0	\$2197	\$-2197
Other Allocations	\$0	\$0	\$0

Comments